OFFICIAL 90-19

Attachment 4.22-B

Revision: HCFA-PM-90-2 (BPD)
January 1990

State/Territory: New York

1. **Providers Compliance with 433.139(b)(3)(ii)(C).**

Compliance with these billing requirements is determined through third party edits in MMIS. If the Medicaid recipient is covered by insurance that is furnished through medical support enforcement carried out by the State IV-D agency, the claim is denied if the specific medical service is covered by the insurance and the provider fails to indicate that the third party was billed by making a positive entry in the other insurance payment field on the claim form.

2&3. **Threshold Amount 433.139(F)(2) and (3).**

New York State will continue to pursue third party reimbursement through cost avoidance in the first instance by requiring providers to pursue third party resources prior to submitting claims to Medicaid. However, upon discovering insurance which was previously unknown or not utilized, the State will elect not to pursue any potential recovery below threshold amounts periodically established to represent a cost effective return for particular classes of cases. Claims may be accumulated for a period not to exceed two years, for purposes of recovery.

Specific exceptions to this policy include but are not restricted to the following:

- Where accumulated amounts of claims per individual, carrier or provider provide a cost effective basis to submit claims for reimbursement.
- The deterrent effect of recovery is felt to outweigh the administrative cost of claims submission.
- Special audit situations which warrant a recovery based on the specific merits of the case.
- Technological advances which allow computer techniques to be utilized to provide an efficient submission procedure.

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